



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**If you have any questions about this Notice please contact:
DMAS Privacy & Security Office at (804) 225-2860
600 East Broad Street, Richmond, VA 23219**

It is the policy of the **Department of Medical Assistance Services (DMAS), Commonwealth of Virginia**, to provide you with a privacy notice that explains how your healthcare information is being used or disclosed. DMAS is required to maintain the privacy of your information and provide a notice of duties and privacy practices.

This Notice of Privacy Practices describes how DMAS may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control your protected health information. "Protected health information" is information related to your past, present or future physical or mental health or condition and related health care services, including demographics that may identify you.

DMAS is required to abide by the terms of this Notice of Privacy Practices currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time and will be posted at the DMAS office. Upon your request, we will provide you with a revised Notice of Privacy Practices. You may request a revised Notice of Privacy Practices by accessing our website at <http://www.dmas.virginia.gov> or calling DMAS at (804) 786-6145 and requesting that a revised

copy be sent to you in the mail. We retain prior versions of the Notice of Privacy Practices for six (6) years from the revision date.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION



Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked by your physician to sign a consent form. Once you have signed the consent form, your physician will use or disclose your protected health information for purposes of diagnosis, treatment, obtaining payment for your healthcare bills, or to conduct healthcare operations.

This Notice of Privacy Practices will tell you the ways in which DMAS will use and disclose medical information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

- ▢ **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that appropriate meals can be prepared. Different departments of DMAS also may share medical information about you in order to coordinate the different things you need, such as authorization review. We also may disclose medical information about you to people outside the treatment facility who may be involved with your medical care after you leave the hospital.
- ▢ **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at a treatment facility may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may use your medical information from a surgery you received at the hospital so that the hospital can be reimbursed. We may also use your information to obtain prior approval for a treatment you may receive or to determine whether some other third party will cover the treatment.
- ▢ **For Health Care Operations:** We may use and disclose medical information about you for medical operations. These uses and disclosures are necessary to make sure all patients receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of the staff caring for you. We may also combine medical information about many patients to decide what additional services should be covered, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and

learning purposes. We may also combine the medical information we have with medical information from other health plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of the patients.



Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization:

- ❖ **Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- ❖ **Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unsuccessful, he or she may still use or disclose your protected health information to treat you.
- ❖ **Communication Barriers:** We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers. The physician will determine, using professional judgment, that you intended to consent to use or disclosure under the circumstances.
- ❖ **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- ❖ **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ❖ **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the

health care system, government benefit programs, other government regulatory programs and civil rights laws.

- ❖ **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- ❖ **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.
- ❖ **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.
- ❖ **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and purposes otherwise required by law, (2) limited information requests for identification and location purposes, (3) treating victims of a crime, and (4) suspicion that death has occurred as a result of criminal conduct.
- ❖ **Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, cause of death determinations or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, as authorized by law, in order to carry out funeral-related duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- ❖ **Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- ❖ **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

- ❖ **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- ❖ **Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.
- ❖ **Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.
- ❖ **Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

2. YOUR RIGHTS

You have the following rights regarding medical information we maintain about you:



Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes.

To inspect and copy your medical information, you must submit your request in writing to the Department of Medical Assistance Services HIPAA Privacy and Security Officer at the **address on the top right of this Notice**. If you request a copy of information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. For more information call **(804) 786-6145**.



Right to Amend. If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for DMAS. To request an amendment, your request must be made in writing and submitted to the Department of Medical Assistance Services HIPAA Privacy and Security Officer at the **address on the top right of this Notice**. In addition you must provide a reason which supports your request. We may deny your request for an amendment if it is not in writing or does not

include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ❖ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ❖ Is not part of the medical information kept by or for DMAS;
- ❖ Is not part of the information which you would be permitted to inspect and copy; or
- ❖ Is accurate and complete.



Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Department of Medical Assistance Services HIPAA Privacy and Security Officer at the **address on the top right of this Notice**. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, or electronically).



Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you can ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Department of Medical Assistance Services HIPAA Privacy and Security Officer at the **address on the top right of this form**. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.



Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Department of Medical Assistance Services HIPAA Privacy and Security Officer at **the address on the top right of this form**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.



Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to

receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, <http://www.dmas.virginia.gov>. To obtain a paper copy of this notice, call (804) 786-6145 during regular working hours.

3. COMPLAINTS



If you believe your privacy rights have been violated, you may file a complaint with **DMAS** or with the **Secretary of the U.S. Department of Health and Human Services**.



To file a complaint with DMAS, you may contact our Privacy Contact, **DMAS Office of Privacy & Security** at (804) 225-2860 Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, for further information about the complaint process.

You will not be penalized for filing a complaint.

4. OTHER USES OF MEDICAL INFORMATION



Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

This notice was published and becomes effective on June 27, 2002.